

GET ACCOUNT NU	MBER					
Purchaser's Name				Purchaser's Social Security Number		
Student's Name				Student's Social Security Number		
This form must be submitted to GET each QUARTER or SEMESTER Term: (Please select only one) Fall						
School Name Address						
City State			Zip Code			
 I certify: I am the designated purchaser on this GET account. I authorize the use of my social security number for identification purposes during the process of issuing distributions from my GET account. This distribution request is to pay for qualified educational expenses as defined by Internal Revenue Code Section 529. I understand that I am responsible for determining whether the expenses for which these funds are used are qualified or non-qualified, and for reporting the 10% of earnings penalty for non-qualified distributions on my federal tax return. Qualified educational expenses include the costs of books, supplies, and equipment required for the enrollment or attendance at an eligible educational institution. IRS rules on qualified and non-qualified higher education expenses can be found at www.irs.gov/pub/irs-pdf/p970.pdf. I have read and understand the above statements and authorize GET to send payment for above amount to the school. 			onal on the conconding of the	 account, as well as the balance owed on my school account and the tuition due dates. I have verified the payment amount due. Charges not covered by GET funds are my responsibility and that at the discretion of the institution, late fees may accrue on past due charges. If I withdraw from school, non-refundable fees and tuition owed to the school will be paid from GET distributions. Overpayments to schools due to withdrawal or dropped classes will not be returned to the GET account and may have tax consequences when refunded to the student. 		
Printed name of Purchaser		Signature o	f Purcha	aser	Date	